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NICoE Bridges Clinicians and Researchers, Earns IT Award

By Sharon Renee Taylor
WRNMMC Public Affairs
staff writer

The National Intrepid Center of Excellence (NICoE) recently earned honors for merit in information technology (IT), innovation and teamwork.

NICoE, dedicated to providing cutting-edge evaluation and treatment to service members diagnosed with traumatic brain injuries (TBI) as well as psychological health disorders, received special recognition from Government Computer News for successful innovation of the continuity management tool NICoE launched in 2014.

The continuity tool, also known as the NICoE Continuity Management Tool (NCMT) project, enables NICoE clinicians to collect thousands of data points per patient, electronically. The NCMT also pulls additional sets of information from large clinical and research databases to form a robust repository of TBI-related health data in the Department of Defense (DOD), dating from 2008 to the present — supporting researchers in studies and clinicians in formulating new treatment options to maintain excellence in TBI care.

The development of the NCMT had been something that was underway from the very building of the center of excellence, and the original intent of that tool was very expansive, according to Navy Capt. Sara M.



File photo

The National Intrepid Center of Excellence (NICoE), located on Naval Support Activity Bethesda, recently earned honors for merit in information technology (IT), innovation and teamwork. The center is dedicated to providing cutting-edge evaluation and treatment to service members diagnosed with traumatic brain injuries (TBI) as well as psychological health disorders.

Kass, who serves as Special Assistant for the NICoE to Walter Reed Bethesda Director, Army Brig. Gen. Jeffrey B. Clark.

“The goal was to have one

tool that could really manage all resources including personnel, space, and supplies, as well as collect clinical data and have that data be available for re-

search purposes and allow for case management of patients,” she said. Kass named Dr. Jesus J. Caban, NICoE’s chief of clinical and research informatics,

along with Eddy Bueno, NICoE chief of administration, as the “heavy lifters” of the effort.

See NICOE page 6

Solid Curtain/Citadel Shield Exercise to Test Installation, Tenant Readiness

NSAB Public Affairs Office

Naval Support Activity Bethesda (NSAB) will take part in exercise Solid Curtain - Citadel Shield 2015 (SC/CS 15) Feb. 2 - 13 in order to test the installation and its tenant commands’ security readiness

and response to hostile situations.

Coordinated by U.S. Fleet Forces Command and Commander, Navy Installations Command, SC/CS 15 is the largest U.S. Navy force protection/anti-terrorism exercise conducted nationwide.

The exercise will consist of an active shooter scenario

and a series of mini-drills, helping to strengthen, inform, and educate leadership and emergency response teams. All staff members are urged to pay close attention to command-wide e-mails that will be distributed throughout the event, informing them how to respond to the various scenarios throughout the train-

ing. Master-at-Arms 1st Class George Sangriu, NSAB Security leading training petty officer, said people should not be alarmed and use this training event as a learning experience that they can pass on to their friends and family.

“The whole base will be involved,” said Sangriu. “There will be a lot of police activity

going on. Security personnel will be wearing colored training vests and training weapons. You will also hear an increase in sirens around the base.”

For more information on SC/CS 15, contact Master-at-Arms 1st Class George Sangriu at 301-319-2558.

Commander's Column

In 2008, the National Quality Forum identified “patient and family engagement” as one of the five National Health Priorities that would guide and shape healthcare transformation. Since then, there has been a growing amount of data available that demonstrates patients who are active participants in their care are more inclined and motivated to assume responsibility for managing their own health. When that happens, the results are better outcomes for the patient and better performance for the health system.

Implementation of Patient Centered Medical Homes as primary care access points to the National Capital Region (NCR) healthcare system has placed a greater emphasis on patient engagement, care continuity and understanding the entirety of the patient experience by recognizing that each individual’s interaction with the healthcare system is unique, complex and influenced by multiple factors and touch points. Transforming the care experience requires addressing the medical needs of the patient, as well as the full continuum of care.

Within the NCR, we are employing design thinking to evaluate patients’ interactions with the health system, using qualitative data from a sample of patients to shape adjustments to the care continuum. Understanding the full patient experience enables greater collaboration between patients and their providers, potentially identifies redundancies, new opportunities for improvement, and ultimately leads to increased patient engagement.

Our goal is to shape quality through the patients’ eyes and their experiences and then design our NCR Market environment, systems and processes to deliver quality as seen from the patients’ perspective.



Our ability to do this is dependent on an engagement strategy that includes immersive interviews with our patients and staff members.

Last year, Fort Belvoir Community Hospital (FBCH) achieved Baby-Friendly Hospital Initiative accreditation – a four-year, four-step, hospital-wide performance improvement process. This evidence-based program is designed to give mothers accurate and consistent information, confidence, and the skills necessary to successfully breastfeed their babies or feed formula safely. Those skills provide families with a strong foundation in the early days of a baby’s life by ensuring patients receive the same information on breastfeeding, infant feeding, and caring for their baby regardless of where they receive care in the hospital. FBCH is only the second medical facility in Virginia and third in the National Capital Area to achieve this accreditation. Walter Reed National Military Medical Center is in the third phase of the accreditation process to become a Baby-Friendly Hospital.

This is one of other examples of how we are striving to improve your military health system and patient experience in the National Capital Region. I am always interested in hearing from our patients. Please let me hear from you on challenges you may be experiencing with timely access to care. I can be contacted at Defense Health Agency, National Capital Region Medical Directorate, Building 1, Floor 9, Room 9121, 8955 Wood Road, Bethesda, MD 20889.

Thank you for your service and support,

Rear Adm. Raquel Bono
Director, National Capital
Region Medical Directorate

Bethesda Notebook

MLK Jr. Observance

The Walter Reed Bethesda Multi-Cultural Committee will host a program observing the birthday of Dr. Martin Luther King Jr., today at 11:30 a.m. in Bldg. 19, first floor, lobby/piano area. Everyone is invited. For more information call Hospital Corpsman 2nd Class Buddhika Abeyratne at 301-295-4265.

Nursing Grand Rounds

A Nursing Grand Rounds focusing on “Management of the Complex Patient/Family Relationship” is scheduled for today from 11:30 a.m. to 1 p.m. in Clark Auditorium. One hour of Continuing Nursing Education for attending the event is available to participants.

Research Submission Deadline

Submission deadline for all research abstracts in the 7th Annual National Capital Region Research Competition is tomorrow at midnight. The competitions will be in May. For more information, call Lt. Ryan Kim at 301-295-8338, or email ryan.m.kim2.mil@mail.mil.

Prostate Cancer Health Issues

Prostate cancer survivor and urologist Dr. Robert Dean, will discuss “Sexual Health Issues and Prostate Cancer” on Feb. 5 from 7 to 8:30 p.m. in the America Building, Rm. 2525, at Walter Reed Bethesda. Family and friends (military and civilian) are invited. No registration is required. Military ID is required for base access. For those without a military ID, call the Prostate Center at 301-319-2900 at least four business days prior to the event for base access. For more information, contact retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@mail.mil.

DHA Town Hall

Air Force Lt. Gen. Douglas Robb, director of the Defense Health Agency (DHA), will host a town hall, “DHA – One Year in Review,” on Feb. 23 at 7 a.m. in Memorial Auditorium. All Walter Reed Bethesda staff members are encouraged to attend.

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NSAB Employment, Education Fair Helps Hundreds Seeking Opportunities



Photos by Andrew Damstedt

Attendees navigate some of the 45 schools which took part in the Employment and Education Fair on Naval Support Activity Bethesda, Jan. 23.

By Andrew Damstedt
NSAB Public Affairs
staff writer

Instead of the basketball courts full of players, Naval Support Activity Bethesda's (NSAB) gymnasium was full of job seekers Friday; while just outside the gym, Building 17's atrium had plenty of schools seeking new students.

Approximately 250 people attended the NSAB Employment and Education Fair Friday, which featured a variety of employment and education opportunities represented by 60 employers and 45 schools.

"I've been seeing non-stop conversations," said Lindsey Ross, Fleet and Family Services work and family life consultant.

Jasmine Pearson, veteran and military spouse, had some of those conversations with prospective employers. Pearson came to the job fair because she was looking to re-enter the workforce after taking time off to care for her newborn child.

Job recruiters at NSAB's fair

were honest about her employment prospects, she said, with some even pointing her to other tables where she might be a better fit. She believed her military background could be a benefit to employers, but also acknowledged how some might see it as a challenge.

"I think it is a challenge when you have to move frequently to build a career, but it is important to continue to network," Pearson said. "Having events like this makes it easier."

Army Capt. Danteford Lavoisier was just starting his search when the fair opened at 10 a.m. He was on leave from the U.S. Army's Yongsan Garrison in Seoul, South Korea and decided to stop by the employment fair because he transitions out of the military in June. He was looking for a job in information technology - a skill he acquired during his eight years of military service.

Not planning far enough in advance and not having a clear

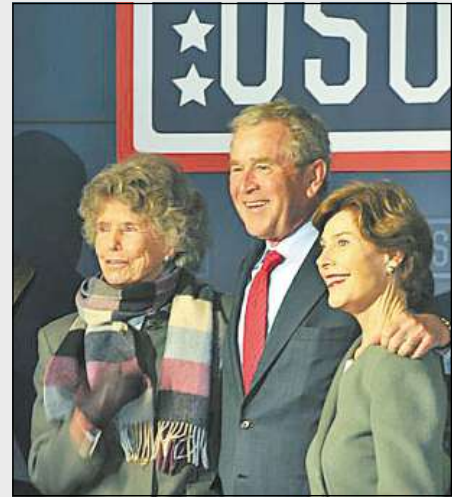


A participating university representative provides advice to a service member during the event.

See FAIR page 7



2014 YEAR IN REVIEW



(Top left) Naval Support Activity Bethesda's (NSAB) Child Development Center ribbon cutting ceremony - photo by Mass Communication Specialist 2nd Class Brandon Williams-Church, (Middle left) First Lady Michelle Obama's visit to the Fisher Houses onboard NSAB - photo by Mass Communication Specialist 2nd Class Brandon Williams-Church, (bottom left) Gary Sinise and Chef Robert Irvine entertain the crowd at the Invincible Spirit Festival at Walter Reed National Military Medical Center onboard NSAB, (top middle) WWE Stars with NSAB Commanding Officer Capt. David A. Bitonti - Photo by Mass Communication Specialist 2nd Class Brandon Williams-Church, (middle) Army-Navy Flag Football Game - Photo by Mass Communication Specialist 2nd Class Brandon Williams-Church, (bottom middle) Morale, Welfare and Recreation's (MWR) Character Brunch - Photo by Mass Communication Specialist 2nd Class Brandon Williams-Church, (top right) Former President George W. Bush at the USO Dedication - Mass Communication Specialist 2nd Class Brandon Williams-Church, (middle right) Color Me 5K Run sponsored by MWR - courtesy photo, (bottom right) USO ribbon cutting ceremony - Mass Communication Specialist 2nd Class Brandon Williams-Church

Flu Season Nearing Peak

Health Officials Continue to Recommend Vaccination

**By Sharon Renee Taylor,
WRNMMC Public Affairs staff writer**

Public Health officials at Walter Reed National Military Medical Center (WRNMMC) on Naval Support Activity Bethesda (NSAB) continue to urge measures against the influenza or flu virus.

Deaths due to the flu and pneumonia exceeded the epidemic threshold for week 53 of the 2014-2015 flu season, according to the Centers for Disease Control and Prevention (CDC).

"The 2014-2015 flu season is in full swing," explained Army Lt. Col. Tina Streker, chief of Public Health Nursing and Preventive Medicine at (WRNMMC). "We at WRNMMC have seen a substantial increase in the rate of influenza-like illnesses and influenza associated hospitalizations compared to previous years. Maryland and our local communities also have increased levels of flu as widespread influenza activity is reported throughout the United States."

Streker reports the number of influenza-associated WRNMMC hospitalizations in the current flu season (as of December 2014) has already exceeded the previous 2013-2014 season through June. Comparing the same time periods for Influenza 'A' — associated hospitalizations, the 2014-2015 season nearly doubles the previous flu season. Streker indicated a total of 33 positive Influenza 'A' specimens identified during the current flu season at WRNMMC.

Walter Reed Bethesda has provided more than 28,000 flu vaccinations at the medical center to date, according to Army Lt. Col. (Dr.) Casey Geaney, chief, Allergy Immunology Service. He said an additional 8,000 were administered at the Pentagon during the initial flu drive earlier in the season, with



U.S. Navy photo

Health-care officials encourage people to get the influenza vaccination as the flu season is nearing its peak.

approximately 800 more given at the Department of Defense's Mark Center Building in Alexandria, Va.

Army Col. (Dr.) Kevin Michaels, chief of the Department of Public Health, named three important steps everyone should follow in this season's battle with the flu. "Get the flu shot. If you're sick, stay at home. Wash your hands and use good cough etiquette," the physician said.

Experts also recommend flu vaccination even though the season is nearly at the halfway

point. The CDC continues to endorse flu vaccination because the vaccine can prevent infection and also averts serious flu-related complications in many people, according to Streker.

"Anyone who has not gotten vaccinated yet this season should do so now," she urged. "This includes people who may already have gotten the flu this season because flu vaccines protect against three or four different viruses, and other viruses may circulate later in the season."

Army Reservist Col. (Dr.) Cynthia L. Perry, Preventive Medicine and Public Health, explained what viruses this season's vaccines protect against.

"Flu vaccines are designed to protect against the main flu viruses that research suggests will be the most common during the upcoming season," she said. According to Perry, the 2014-2015 influenza vaccine is made to protect against either three or four viruses: two type 'A' viruses (H1N1 and H3N2), along with one or two Influenza 'B' viruses. The

WRNMMC Immunization Clinic offers the four-component vaccine, Perry indicated.

According to the CDC, injectable flu vaccines are currently made in two ways: either with flu vaccine viruses that have been inactivated (killed) and are therefore not infectious; or, with no flu vaccine viruses at all. The nasal spray flu vaccine does contain live viruses, but they are attenuated (weakened), and therefore cannot cause flu illness.

Is this season's vaccine a good match for circulating viruses? Perry said the overall match between vaccines' type 'A' H3N2 components is approximately 42 percent.

So why doesn't this season's vaccine contain the right H3N2 virus?

Echoing the response

of CDC Director Dr. Tom Frieden, Perry said, "The 'drifted' (slightly mutated) H3N2 viruses now circulating were first noticed in March of 2014, too late to include in this year's vaccine."

The H3 component of the vaccine was still by far the most common of the H3N2 viruses at the time, according to the CDC Director, who added it wasn't until September that the new strain became common. Flu experts have suggested that H3N2-dominated flu seasons tend to be more severe.

Perry explained researchers are currently working on vaccines in time for the 2015-2016 flu season. Vaccine development is a lengthy process, and begins far ahead of the season in which it is administered.

"The vaccine was our best available, however it was slightly off," Michaels said, adding that it will still provide protection.

"We get vaccines to protect ourselves but also those we love, coworkers, classmates, the very old, the very young and our patients here, as health-care providers," she said. According to the CDC, everyone six months of age and older should get a flu vaccine every season.

Immunization officials indicated plenty of vaccine is still available for those seeking influenza vaccinations at WRNMMC. Eligible individuals seeking a flu shot can receive vaccination weekdays, from 7:30 a.m. to 4 p.m., at the Immunization Clinic in Bldg. 19. Call 301-295-5798 for more information.

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NICOE

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She said the model built by the two and their team serves as a model for similar tools being used by or under development at the Hearing Center of Excellence, the Vision Center of Excellence and the Amputee Center of Excellence. In partnership with the Defense Health Agency, the developers of the project expect to soon provide other DOD organizations with tools and systems for their registries.

“We are now advocating this as a model for other would-be registry managers across the Military Health System,” stated Army Col. (Dr.) John S. Scott, director of Clinical Informatics Policy, Health Affairs, in his Oct. 16, 2014 correspondence with the Office of the Assistant Secretary of Defense, Health Affairs.

Caban led the NICOE team to develop the powerful tool that standardizes data collection across clinical

specialties at the NICOE. According to the informati- cian, researchers and clinicians don’t translate data the same way — a huge challenge for the project.

Researchers want forms where detailed clinical infor- mation could be captured, and clinicians prefer free text to better describe the patient’s condition, Caban said. The NCMT meshed together both clinical information and research so that both can maximize benefit from this data, “for collecting information, particularly both on clinical and research elements, to allow us to better understand the complex patients that we have coming through,” explained Dr. Joseph Bleiberg, NICOE’s senior scientific advisor.

Bleiberg said the NCMT project helps to develop a series of subgroups by analyzing data it provides and helps provide an understanding of those patients. The successful project generates data into queries for re- search, dashboards providing visual analytics, and al- lows data sharing.

“By using the NCMT, we can leverage info that’s cap- tured by all our providers here on the clinical side and

be able to understand their clinical condition in that el- emental form,” explained Dr. Thomas J. DeGraba, dep- uty director and chief of medical operations at NICOE. “In other words, we can get the information about the patients in a much more detailed form that goes into the database that allows us to understand the patients better than we were ever able to do before.”

“We’re doing things that were impossible to do oth- erwise,” Bleiberg added. “This is transformative, it’s not just [efficient].

“We’re allowing the process of taking care of patients [to] produce research [data] as we’re taking care of pa- tients,” Bleiberg said. “We’re using a clinical model that has been used at the National Institutes of Health in the past [and that] we’ve incorporated here as part of a clinical research institute that allows us to change the face of clinical research,” he said. “It’s a pilot-capability test case as it were: can this be done utilizing/incorpo- rating the advances that are being made by Dr. Caban and his team but still utilize the legacy system? We’re still leveraging the ALTHA system, we’re just using it in a better way.”

The NCMT taps into the existing medical systems: Armed Forces Health Longitudinal Technology Appli- cation (ALTHA) and Composite Health Care System (CHCS).

Dr. Greg Morgan, a neurologist and sleep special- ist who serves as director of the sleep medicine lab at NICOE, has used the new system for a little over a year, and explained how it is helping providers.

“I like it because it organizes the data that we ac- quire, which is a lot, in a systematic way so it’s repro- ducible from patient to patient, rather than typically when you take a history, [as] you may stray in one di- rection or another. When you try to do research, you need reproducibility data points from patient to patient. Structurally, I like the organization of it,” Morgan said. “It helps me take what I thought at first was a very unwieldy note when I first got here, and consolidate it into chunks that are more organized and digestible. I’ve gotten comments from some outside providers that they like the format of our notes — they think they’re easier to navigate than the old, long paragraph after paragraph, after paragraph. Having it in sections, and labeled, they know what they can jump to, to get the nuggets that they think are interesting.”

Morgan said he liked the way NCMT collects self- reports from the patients. “I reference that before I even go and see the patient, populating my notes. It gives me a framework on how to aim the discussion,” he said. “I think it adds efficiency with the patient because I’m already primed with good information that they filled out. It sort of extends the history beyond the time you have [with them during the appointment] ... you can efficiently focus on what they’ve already written down. I like that aspect of it.” Caban said the challenge was to develop something that physicians were already using in their clinical practice—not adding to the tasks they already have. He added, “We don’t want to interrupt or interfere with that, that’s why we’ve been letting the provider do what they do best, taking care of patients.”

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FAIR

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plan can be a stumbling block for some service members as they transition out of the military, said Anne Bloesl, Fleet and Family Services transition and employment manager.

"They can do anything they want to do now," Bloesl said. "They need to make the decision based on personal and family goals, such as where they want to live."

Katie Mancusi, a nurse recruiter at a Washington, D.C.-based hospital, said her company has stepped up efforts to recruit veterans.

"A lot of veterans have skill sets directly related to health care," Mancusi said.

Plus, she said military values often match what employers are searching for in an employee: hard-working, up for new challenges and with a desire to advance, among others. She said she was "impressed right off the bat" with potential candidates she met at NSAB's Education and Employment Fair and said she was already planning to re-contact a few individuals who stopped by her table. Willie Woolford, school recruiter for a national university, its assistant director of military programs and a veteran himself, said three things stop people from going to college: Time, money and fear. One of his main goals is to alleviate



Photo by Andrew Damstedt

More than 250 people attended Naval Support Activity Bethesda's Employment and Education Fair, which featured 60 employers and 45 schools.

prospective students' fear of going to college after serving in the military, and as a "former military guy," he said he looks to find the best educational fit for service members.

"I work for my university and my job is to get students to my school, but it's also making sure military members understand all of their education opportunities," Woolford said.

The fair was a first step for many attendees, and Navy College Bethesda Director Elizabeth Baker hopes they will follow-up with schools they had conversations with at the fair.

Bloesl echoed that sentiment.

"It's up to them to follow-up with the contacts they've made within the next 48 hours," Bloesl said. "[The fair] is just a first step; they might not have had an interview here. The onus is on the service member or individual to follow-up."

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